,				IC HEALTH	AND WE	LTH - STAND					<u>-62-</u>	014	<u> 1579 </u>
DO NOT WRITE		LENDED	1	Registration Dis	trict No	72Pri	mary Registration	District No.	Registrar's No.	75	STATE	E FILE NUA	MBER
ON THIS STUB	1 1-1		-1	1. PLACE OF C					2. USUAL RESIDER	ICE (Where dece		stitution: F	Residence before admission)
Rev. 4/59	AMENDED	1 [b. CITY (If	Cla	L Y porate limits, give TOWN	ISHIP only)	Length of stay in 1b	c, CITY	·	Clay		Inside Limits
1 .				OR TOWN		ville	- ,,	· 27 days	OR	ansas Cit	v		Yes 🙀 No 🗆
16000				c. FULL NA	ME OF (If N	NOT in hospital, give loc	ation)	Inside Limits	d. STREET		cutside, give locati	ion)	Reside on Farm
6004	DATE			HOSPITA INSTITUT	ION Smi	thville Com	munity He	sp. Yes 🙀 № 🗅	ADDRESS	035 Kelse	y Road		Yes 🗆 No 😾
3	$\Gamma \sqcap$			3. NAME OF (Type or pri		First		Middle	Last	4. DATE OF	Month	Day	Year
	1			(17pe e. p	,	Earl	Eri	est (Gouch er	DEATH	April	21	1962.
	4	111		5. ŞEX		6. COLOR OR RACE	7: Married] Widowed		ī l _	9. AGE (last b	irthday) IF UNDE Months	R 1 YEAR Days	IF UNDER 24 HR Hours Min.
5 <i>†</i>				Male	UDATION (White Give kind of work done			' 11-2-1890 RY 11. BIRTHPLACE I	71	j		WHAT COUNTRY
6	2					Give kind of work done life, even if retired) inence			į.			_	WHAT COUNTRY
	j			He ULT ed 1	Mainta AME	inence	Standar	d Oil Ref.	<u>l Jefferso</u> ME	n Co. K	S. U.S	OR WIFE	
7 1		111	ı		. Gouc	h ar			Ridgeway		etta Goud		
8 /	S			15. WAS DECE	ASED EVER	IN U.S. ARMED FORCES	? 14 9	OCIÁL SECLIBITY NO.	17. INFORMANT		Address	ier.	
332X				(Yes, no, or unk	nown) (If y	yes, give war or dates of	servic		Mrs. Loret		oucher <u>Kansas C</u>	itv l	6 Ma
	\\ \\ \\		Έ		OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	r line 1		THUS MELSE	y noar-	-Hausas V.	ואו פי ד	ERVAL BETWEEN
10	اج اید		WE			IMMEDIATE CAUSE (12600	· ·					
11	CORI D OF		DOCUMENT			·			1 1				. //
124- 0	HIS RÉCINSTEAD	1 1 1	×		C 11414		4.00	// I/- // A					
	loi loi	1 1 1	·-		which can	is, if any, DUE TO I	(b)	Copyright C	entral	formale	<u>re_ · </u>	100	mercone.
13.4	I Z				which gas above co stating th	ve rise to ause (a), ne under-	(b)	agree .	entrak	ffrances	<u>re</u>	100	
132-0	z				which gar above co stating th lying car	ve rise to august (a), august (a), august (a), august (a), august (b) august				··_			
132-0	NO			NO.	which gar above co stating th lying car	ve rise to ause (a), ne under-	CONDITIONS CO			··_	PART III. If d	eceased a pregnan	was female was
132-0	NO S			CALION	which gar above co stating th lying car	ve rise to ause (a), and under- use last. DUE TO	CONDITIONS CO			··_	PART III. If d	a pregnan	icy in last 90 days
132-0	NO S			10. WAS AL	which gar above co stating th lying can PART II.	ve rise to ause (a), and under- use last. DUE TO	CONDITIONS CO in PART I (a) DE HOMICIDE	ENTRIBUTING TO DEA		the terminal	PART III. If · dithere	a pregnan	ncy in last 90 days
132-0	NO S			19. WAS AI PERFOR YES D	which gas above co stating cal lying cal PART II.	ve rise to ause (a), le under luse last. DUE TO OTHER SIGNIFICANT disease condition given 20a. ACCIDENT SUICIL	CONDITIONS CO in PART I (a) DE HOMICIDE	ENTRIBUTING TO DEA	TH but not related to	the terminal	PART III. If · dithere	a pregnan	ncy in last 90 days
Z	NO			19. WAS AI PERFOR YES D	which garabove care above care ab	ove rise to average (a), the underfuse last. DUE TO OTHER SIGNIFICANT disease condition given	CONDITIONS CO in PART I (a) DE HOMICIDE	ENTRIBUTING TO DEA	TH but not related to	the terminal	PART III. If · dithere	a pregnan	ncy in last 90 days
Z	NO S			19. WAS AI PERFOR YES ST. 20c. TIME O INJURY	which garabove constants of the stating the lying can PART II. UTOPSY MED? NO F Hour a.m. p.m.	we rise to ause (a), le under- use last. DUE TO OTHER SIGNIFICANT (disease condition given Month, Day, Year 20a. ACCIDENT SUICII	CONDITIONS CO. in PART I (a) DE HOMICIDE	ONTRIBUTING TO DEA	TH but not related to	the terminal Left (Enter nature of	PART III. If dithere	a pregnan is	icy in last 90 days lo Unknowr of item 18.)
K INK RIBBON	NO S			19. WAS AI PERFOR YES ST. 20c. TIME O INJURY	which garabove constants of the stating the lying can PART II. UTOPSY MED? NO F Hour a.m. p.m.	we rise to ause (a), le under- use last. DUE TO OTHER SIGNIFICANT (disease condition given Month, Day, Year 20a. ACCIDENT SUICII	CONDITIONS CO. in PART I (a) DE HOMICIDE	20b. DESCRIBE H	TH but not related to	the terminal Left (Enter nature of	PART III. If · dithere	a pregnan is	ncy in last 90 days
K INK RIBBON	AMENDMENTS ON T			19. WAS AI PERFOR YES DE 20c. TIME OF INJURY WHILE NOT W	Which gas above constanting the lying can part II. PART II. UTOPSY MED? NO F Hour a.m. p.m. OCCURRET AT WORK [HILE AT WO	we rise to ause (a), the under-use last. DUE TO OTHER SIGNIFICANT disease condition given 20a. ACCIDENT SUICH Month, Day, Year ORK 20e. PLACE	DE HOMICIDE	20b. DESCRIBE H	OW INJURY OCCURRED 20f. CITY, TOWN, OF	the terminal O. (Enter nature of	PART III. If dithere Ye injury in PART I o	a pregnan is	icy in last 90 days lo Unknowr of item 18.)
K INK RIBBON	AMENDMENTS ON T			19. WAS AI PERFOR YES ON INJURY 20c. TIME OF INJURY 20d. INJURY WHILE NOT W 21. I attended	which gas above control of the december of the	we rise to ause (a), the under-use last. DUE TO OTHER SIGNIFICANT disease condition given 20a. ACCIDENT SUICH Month, Day, Year ORK 20e. PLACE	DE HOMICIDE	20b. DESCRIBE HO	OW INJURY OCCURRED 20f. CITY, TOWN, OF	D. (Enter nature of	PART III. If dithere Ye injury in PART to	o pregnants N	Icy in last 90 days Io Unknown of item 18.) STATE
K INK RIBBON	AMENDMENTS ON T			19. WAS AI PERFOR YES (2) 20c. TIME O INJURY WHILE NOT W 21. attend Death o	which garabove control of the contro	we rise to ause (a), he under use last. DUE TO OTHER SIGNIFICANT disease condition given Month, Day, Year ORK	DE HOMICIDE	20b. DESCRIBE HO	OW INJURY OCCURRED 20f. CITY, TOWN, OF	D. (Enter nature of	PART III. If dithere Ye injury in PART to	o pregnants N	Icy in last 90 days Io Unknown of item 18.) STATE
K INK RIBBON	AMENDMENTS ON T		OF.	19. WAS AI PERFOR YES ON INJURY 20c. TIME OF INJURY 20d. INJURY WHILE NOT W 21. I attended	which garabove control of the contro	we rise to ause (a), he under use last. DUE TO OTHER SIGNIFICANT disease condition given Month, Day, Year ORK	DE HOMICIDE	20b. DESCRIBE HO	OW INJURY OCCURRED 20f. CITY, TOWN, OF	D. (Enter nature of	PART III. If dithere Ye injury in PART to	o pregnants N	Icy in last 90 days Io Unknown of item 18.) STATE
Z	AMENDMENTS ON T		OF.	19. WAS AI PERFOR YES ON INJURY 20c. TIME O INJURY 20d. INJURY 20d. INJURY 21. I attend Death of 22a. SIGNAL 23a. BURIAL, CR	Which gas above cabove castating the lying cas	we rise to ause (a) pure to make (a) pure to make (a) pure to other succession of the make (a) pure to other succession of the make (a) pure to other succession of the make (b) pure to other succession	DE HOMICIDE FOR INJURY (e. factory, street, compare or title)	20b. DESCRIBE HO	20f. CITY, TOWN, OF the date stated above, 22b. ADDRESS	the terminal C. (Enter nature of R. LOCATION d last saw him aliand to the best of	PART III. If dithere Ye injury in PART to	e pregnan	Icy in last 90 days Io Unknown of item 18.) STATE
K INK RIBBON	AMENDMENTS ON T		OF.	19. WAS AI PERFOR YES ON INJURY 20c. TIME OF INJURY 20d. INJURY WHILE NOT W 21. attend Death of 22a. SIGNAT 23a. BURIAL, CR REMOVAL (Which gas above cas above cas stating th lying cas PART II. UTOPSY MED? NO F Hour a.m. p.m. OCCURRET AT WORK [HILE AT W led the dece	we rise to ause (a) he under- use last. DUE TO OTHER SIGNIFICANT of disease condition given Month, Day, Year Month, Day, Year ORK 20e. PLACI farm, ORK (De	DE HOMICIDE E OF INJURY (e.g. factory, street, compared to title)	20b. DESCRIBE HO	20f. CITY, TOWN, OF LEMATORY	D. (Enter nature of R LOCATION d last saw him aliand to the best of R3d. LOCATION (c)	PART III. If dithere Ye injury in PART to	a pregnants No. 10 No. 10	Icy in last 90 days Io Unknown of item 18.) STATE
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udent	· 			Signed	10 4	· Loson
	Signature	of Student Embalmer				
					<u>ه</u> د	Licensed Embalmer No. 4/37. 4/37 No. Highland P. O. Address / P. / M.
						4137 No. Wiels
						DO Address : (a C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. \gtrsim